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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Jerome B. Riebman et al.	Examiner:	Alyssa M. ALTER
Serial No.:	10/751,405	Confirmation No.	3191
Filed:	January 6, 2004	Group Art Unit:	3762
Title:	DEVICES AND METHODS FOR BLOOD FLOW ASSISTANCE		

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In reply to the Office Action mailed September 7, 2005 (the "Office Action"), in which a three (3) month shortened period for reply is December 7, 2005, please amend the application as follows and consider the following remarks:

Please amend claims 1, 5, 11, 12, 16, 22, 23 and 32; and add new claims 33-47.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/751,405  
B16-101

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	32	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20 =	12
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

- If the difference in column 1 is less than zero, enter "0" in column 2

## 11-30-05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				MINUS	=
	Total	47	Minus	32	15
	Independent	3	Minus	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=	108	OR X\$18=	
X43=	11	OR X86=	
+145=	11	OR +290=	
TOTAL	493	OR TOTAL	

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
25 X\$ 8=	375.00	OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE	375.00	OR ADDT. FEE	
<i>for b7d pd.</i>			

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				MINUS	=
	Total		Minus		
	Independent		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
				MINUS	=
	Total		Minus		
	Independent		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.